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|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

— *from @ 08.15.05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

— *from @ 08.15.05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                        |                       |                            |
| Verified and<br>Acknowledged  | Examiner's Signature      | Initials               |                       |                            |

## ADDRESS

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## TITLE

Electrophysiology system and method

|                 |   |   |
|-----------------|---|---|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
| RECEIVED<br>946 |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
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